



Single Family Dwelling Swimming Pool or Hot Tub

Project Address: _____

Applicant is: ☐ Property Owner ☐ Contractor ☐ Architect ☐ Engineer ☐ Other _____

Applicant _____ E-mail _____

Address _____ Day Phone # _____

Contractor _____ E-mail _____

Address _____ Day Phone # _____

May we email your building permit? ☐ Yes ☐ No

****Swimming Pool (barrier fence required under separate permit) (deck permit required as needed)****

☐ In-Ground Pool ☐ Above Ground Pool ☐ Hot Tub

Describe work: _____

Attachments: ☐ Site Drawing

Setbacks (actual): Front _____ Left Side _____ Right Side _____ Rear _____

Is this property in a flood plain? ☐ No ☐ Yes Minimum Elevation _____ ☐ Flood Plain Permit (if necessary)

Plumbing Contractor: _____

Electrical Contractor: _____

Mechanical Contractor: _____

(for office use only):

Legal Description: _____ Zoning: _____

Easements _____

Notice: Separate permits are required for electrical, plumbing, heating, ventilation or air conditioning. This permit expires 12 months from the date of issuance. The undersigned warrants that he/she has reviewed and is familiar with the provisions of the building and fire codes; as set forth under Chapters 175 and 180 of the Municipal Code of the City and all applicable zoning standards and will defend, indemnify, protect and save harmless the City and its employees from any and all liability, from any claim or cause of action which any person may have or claim to have by reason of any actual or alleged failure on the part of the undersigned to comply with the terms and provision thereof. I hereby certify that I have read and examined this application and its attachments and know the same to be complete, true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. I agree to adhere to the plans as submitted and approved by the Architectural Review Board and City Staff and will provide notification of any change prior to construction. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant _____ Date _____

Printed Name: _____

PLEASE ALLOW A MINIMUM OF 5 WORKING DAYS FOR PERMIT APPLICATION REVIEW

Date received _____	Permit Fee \$ 20.00	Office Use Only
Approval Notification Date _____		

Site Drawing:

Address: _____

Sketch diagram indicating:

- ✓ Existing structures
- ✓ North arrow
- ✓ Dimensions of any additions or accessory structure
 - Width
 - Length
 - Height
- ✓ Distance from property lines for any addition or accessory structure
- ✓ Easements
- ✓ Water Meter Location



Percentage of rear yard (area between back of house and rear lot line) accessory structure(s) will occupy _____